



APPLICATION FOR SEARCH OF DEATH RECORD FILES
(FURNISH ALL POSSIBLE INFORMATION. USE TYPEWRITER OR PRINT PLAINLY)

FULL NAME OF DECEASED:		FIRST	MIDDLE	LAST
PLACE OF DEATH:		HOSPITAL	CITY, VILLAGE OR TOWNSHIP	COUNTY
DATE OF BIRTH:	MONTH DAY YEAR	SEX:	RACE:	USUAL OCCUPATION:
DATE LAST KNOWN TO BE ALIVE:	MONTH DAY YEAR	LAST KNOWN ADDRESS:		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
DATE OF BIRTH:	MONTH DAY YEAR	BIRTHPLACE: (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF HUSBAND OR WIFE:
CEMETARY WHERE BURIED:			NAME OF FUNERAL DIRECTOR:	
FULL NAME OF FATHER OF DECEASED:			FULL MAIDEN NAME OF MOTHER OF DECEASED:	
<p>Effective August 2, 1965, the statutory fee for a SEARCH of the death record files is \$2.00. If the record is found, one certification or certified copy will be furnished without further cost. Additional copies of same record issued at the same time are \$1.00 each.</p> <p style="text-align: center;">SEND MONEY ORDER OR CERTIFIED CHECK. DO NOT SEND CASH OR POSTAGE STAMPS.</p> <p>NOTE: There is no charge for a certified copy when required by the Veterans' Administration.</p> <p style="text-align: center;">Evidence of the V. A.'s requirement of this record, and postage for mailing the copy, must accompany the application.</p>				
NUMBER OF COPIES DESIRED:	AMOUNT ENCLOSED \$	 MONEY ORDER	IF COPIES WERE RECEIVED PREVIOUSLY, SHOW:	
		 CERTIFIED CHECK	WHERE FROM:	APPROXIMATELY WHEN:
NAME: (SIGNATURE)		APPLICATION MADE BY:		
FIRM NAME: (IF ANY)		MAIL COPY TO: (IF OTHER THAN APPLICANT)		
STREET ADDRESS:		NAME:		
		FIRM NAME: (IF ANY)		
		STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:
				ZIP CODE:
APPLICANT'S RELATIONSHIP TO DECEASED:		DATE:	INTENDED USE OF RECORD	